

Authorization for Direct Deposit

Form # 329
rev. 4-10-00

I hereby authorize Michigan City Area Schools to directly deposit my payroll check(s) to the account indicated below and the financial institution named below. This authority is to remain in full force and effect until Michigan City Area Schools has received written notification of its termination in such a time to afford Michigan City Area Schools a reasonable time to act on it.

Employee Name (print): _____

Work Location: _____

Social Security Number: _____

Financial Institution Name: _____

Signature: _____ Date _____

Check One:

I am not currently participating in the Direct Deposit Program.

Please deposit my pay to the account below.

I am currently participating in the Direct Deposit Program and would like to:

Change financial institutions and/or account number. I have attached a voided check to show new information.

Cancel my participation in the Direct Deposit Program.

Due to the time required for Michigan City Area Schools and your bank processing, please allow one or two pay periods for processing.

IMPORTANT!!!! CHECK TYPE OF ACCOUNT DEPOSIT WILL BE MADE TO:

CHECKING
ATTACH A VOIDED CHECK OR A COPY OF A CHECK HERE.

SAVINGS
ROUTING NUMBER _____

ACCOUNT NUMBER _____